

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)						SERIAL NO. 595501 APPLICANT'S		FILING DATE 6-16-00					
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			NO.	EP.	NO.	DEF.	NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.							
1	1						61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
11							71						
12							72						
13	1						73						
14							74						
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18	1						78						
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20							80						
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22	1						82						
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39							99						
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41													
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43													
44													
45													
46													
47													
48													
49													
50													
TOTAL NO.	4						TOTAL NO.						
TOTAL DEF.							TOTAL DEF.						